

Case Number:	CM14-0148125		
Date Assigned:	09/18/2014	Date of Injury:	05/12/2013
Decision Date:	10/16/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 49-year-old male who has submitted a claim for lumbar spine disc injury, lumbar spine radiculopathy, cervical strain, myofascial pain syndromes, lumbar disc displacement, cervical sprain/strain, lumbar sprain/strain associated with an industrial injury date of 05/12/2013. Medical records from 01/03/2014 to 09/16/2014 were reviewed and showed that patient complained of neck pain graded 8/10 radiating down right upper extremity and low back pain graded 8/10 radiating down bilateral lower extremities. There was no complaint of insomnia or sleeplessness. Physical examination of the cervical spine revealed cervical paraspinous tenderness with myofascial tightness, multiple trigger points, painful ROM, intact motor strength and weakness of bilateral upper extremities. Physical examination of the lumbar spine revealed lumbosacral tenderness to palpation with myofascial tightness, intact motor strength and DTRs of lower extremities, and positive SLR test on the right side. MRI of the lumbar spine dated 07/22/2013 revealed L2-3, L3-4, and L5-S1 disc bulge with no neural foraminal narrowing and L4-5 disc bulge with bilateral neural foraminal narrowing. X-ray of the lumbar spine dated 05/12/2013 revealed ventral spurs at all levels. Treatment to date has included TENS 30-day trial (09/16/2014), L5-S1 ESI (09/13/2014), Tramadol 50mg (quantity not specified; prescribed since 07/29/2014), Flexeril 10mg (quantity not specified; prescribed since 07/29/2014), Duexis (dosage and quantity not specified; prescribed since 07/29/2014), Ambien 10mg(quantity not specified; prescribed since 08/18/2014), physical therapy, and electro-acupuncture. Of note, physical therapy and pain medications provided temporary benefit (07/29/2014) only. There was no documentation of functional outcome with TENS trial. There was no documentation of active participation in a functional restoration program. Utilization review dated 08/25/2014 certified the request for TENS trial 30 days because the patient had chronic intractable pain which was part of the criteria for TENS. Utilization review dated 08/25/2014 denied the request for Duexis

#60 because it was not a first-line drug. Utilization review dated 08/25/2014 denied the request for Flexeril 10mg #30 because the guidelines do not support the use of chronic pain management with muscle relaxants. Utilization review dated 08/25/2014 certified the request for Ultram 50mg #60 for the purpose of weaning. Utilization review dated 08/25/2014 certified the request for Ambien 10mg #30 to address sleep disturbances.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tens Trial 30 Days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: According to CA MTUS Chronic Pain Treatment Guidelines, TENS is not recommended as a primary treatment modality. A trial of one-month home-based TENS may be considered as a noninvasive conservative option. It should be used as an adjunct to a program of evidence-based functional restoration. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial period. In this case, it is unclear if the patient is currently participating in a functional restoration program. The guidelines do not recommend TENS as sole form of treatment. The request likewise failed to specify the body part to be treated and if the device is for rental or purchase. Therefore, the request for Tens Trial 30 Days is not medically necessary.

Duexis #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Duexis

Decision rationale: Duexis is a combination of famotidine and ibuprofen. Pages 67 to 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing, thus, it is only indicated for short-term use. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In this case, the patient was prescribed

Duexis (dosage and quantity not specified) since 07/29/2014. However, there was no documentation of sustained pain relief with Duexis use. Furthermore, the guidelines do not recommend the long-term use of NSAIDs. There was no discussion as to why variance from the guidelines is needed. The request likewise failed to specify the dosage of Duexis to be dispensed. Therefore, the request for Duexis #60 is not medically necessary.

Ultram 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-82.

Decision rationale: According to page 82 of CA MTUS Chronic Pain Medical Treatment Guidelines, a recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; (3) treatment of neuropathic cancer pain. Ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient was prescribed Tramadol 50mg (quantity not specified) since 07/29/2014. However, there was no documentation of sustained analgesia or functional improvement to support continuation of opiates per guidelines recommendation. Therefore, the request for Ultram 50mg #60 is not medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem

Decision rationale: CA MTUS does not specifically address Zolpidem. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG states that Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming and they may impair function and memory. There is also concern that they may increase pain and depression over the long term. In this case, the patient was prescribed Ambien 10mg (quantity not specified) since 08/18/2014. However, there was no complaint of sleeplessness or insomnia. There is no clear indication for the use of Ambien. Moreover, the guidelines do not recommend Ambien use beyond 6 weeks. Therefore, the request for Ambien 10mg #30 is not medically necessary.

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better and treatment should be brief. In this case, the patient has been prescribed Flexeril 10mg (quantity not specified) since 07/29/2014. However, physical exam findings did not reveal presence of muscle spasms to support muscle relaxant use. Moreover, there was no documentation of sustained pain relief with Flexeril use. The guidelines do not recommend the long-term use of Flexeril as well. Therefore, the request for Flexeril 10mg #30 is not medically necessary.